

CA-1102

A

**TRANSMITTAL OF
UTILITY
APPLICATION
UNDER 37
C.F.R. §1.53**

Attorney Docket No.

24731-504B

First named inventor

Micheal L. Gruenberg

Express mail label #

EL865036519US

Date of mailing

February 7, 2002

Application Elements

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 60 pages (including claims and Abstract)
 - a. Title: Th1 CELL ADOPTIVE IMMUNOTHERAPY
 - b. Number of claims: 66
3. ☐ sheets of drawings with Figs.
4. ☒ Executed Declaration
5. ☐ Sequence Listing
 - ☐ Paper copy (identical to computer copy)
 - ☐ Computer readable copy
 - ☐ Verified statement

Accompanying Application Papers

6. ☐ Copy of assignment from prior application
7. ☒ Small Entity Status is claimed
8. ☐ Preliminary Amendment
9. ☒ Return Receipt Postcard

SIGNATURE OF ATTORNEY/AGENT

HELLER/HRMAN WHITE & McAULIFFE LLP

Stephanie Seidman

Registration Number: 33,779

[X] Continuation-in-part U.S. application Serial No. 09/957,194, filed September 19, 2001, to Micheal Gruenberg, entitled "Th1 CELL ADOPTIVE IMMUNOTHERAPY". The subject matter of U.S. application Serial No. 09/957,194 is incorporated by reference in its entirety.

CORRESPONDENCE ADDRESS

NAME

Stephanie Seidman
Registration No. 33,779
Heller Ehrman White & McAuliffe LLP

Address

4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122

Telephone: 858.450-8400

Facsimile: 858.587.5360

02/07/02

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3675 U.S. PTO
10/07/016
02/07/02

**FEE TRANSMITTAL
ACCOMPANYING UTILITY
APPLICATION UNDER
37 C.F.R. §1.53**

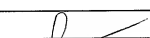
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FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee		\$	740.00
b)	Independent Claims $\frac{8}{8} - 3 = 5$	$5 \times \$ 84.00$	\$	420.00
c)	Total Claims $\frac{66}{66} - 20 = 46$	$46 \times \$ 18.00$	\$	828.00
d)	Fee for Multiple Dependent Claims	- \$260.00	\$	0.00
	TOTAL FILING FEE		\$	1,988.00

- [X] Status as Small Entity is claimed,
reducing Fee by one-half to \$994.00
- [X] A check in the amount of \$994.00 to cover the fee for filing the application.
- [] Charge \$.00 to Deposit Account No. 50-1213.
- [X] The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS

NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP		
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122		
	Telephone: 858.450.8400	Facsimile: 858.587.5360	
Submitted by:			
Typed or printed name	Stephanie Seidman		Reg. Number 33,779
Signature		Date 02/07/02	Deposit Account 50-1213

This fee has not received the mailing label

2007-06-06 09:07:02